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AUTHOR Green, John O.
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ABSTRACT

This paper provides a model to assist local program planners, administrators, and other decisionmakers in the assessment of local drug abuse conditions and problems. The model presents data on which to base everyday judgments about drug abuse, to plan for drug abuse services, and to allocate limited resources on local levels. Drug abuse indicators and their rationale for selection are explored, including drug abuse treatment admissions, hepatitis morbidity, and drug abuse violation arrests. Methods for acquiring these data, including samples of various data collection instruments, are discussed. The experiences of a local community are used as an example to suggest that implementation of this paradigm requires the cooperation of various drug abuse agencies and data sources. (Author/KMF)

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ED208290

A Strategy for Local Drug Abuse Assessment

Technical Paper

John O. Green

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U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration
National Institute on Drug Abuse
Forecasting Branch
5600 Fishers Lane
Rockville, Maryland 20857

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EXECUTIVE SUMMARY

A Strategy for Local Drug Abuse Assessment

One of the major responsibilities of the National Institute on Drug Abuse (NIDA) as cited in Public Law 92-255, Section 229, is to assist State and local agencies and governments in the development of methods to identify and analyze local drug abuse problems. Through NIDA initiatives, researchers have begun to explore and utilize a variety of "indicators" to monitor the extent of the drug abuse problem and to assess trends and patterns of drug use and abuse in their local communities. These drug abuse "indicators" are often in unmanageable forms and are not accurate and timely enough to be a key for targeting prevention activities, drug abuse service planning, and allocating resources.

The purpose of this technical paper is to provide local program planners, administrators, and other decisionmakers with some basic tools to assess local drug abuse conditions and problems in a viable and timely manner. Implementation of the strategy will hopefully provide its users with objective data on which to base everyday judgments regarding the public health problem of drug abuse, planning for drug abuse services, and allocating limited resources on local levels.

A detailed discussion of drug abuse indicators and their rationale for selection is presented. Some of the suggested drug abuse indicators include: drug abuse treatment admissions; hepatitis morbidity; drug abuse mortality; nonfatal emergency room episodes for drug abuse; and drug law violation arrests. Methods for acquiring these data, including samples of various data collection instruments, are also discussed.

The experiences of one local community are illustrated as an example, including their methods and procedures for acquiring and organizing drug abuse indicator data, for identifying local drug abuse problems (in this example a county), and for communicating drug abuse data to their local constituencies and the general public. Benefits to be gained by using this approach may become increasingly evident in future planning endeavors.

John O. Green
Forecasting Branch
Division of Resource Development
National Institute on Drug Abuse

INTRODUCTION

In the field of drug abuse treatment and prevention, there has been a lack of coordinated and systematic assessment of the drug abuse problem. All too often, local treatment planners, administrators, and other decisionmakers lack objective data on which to base their everyday planning decisions regarding this social dilemma.

The purpose of this paper is to provide local program planners, administrators, and other decisionmakers with some basic tools to assess local drug abuse conditions and problems in a viable and timely manner. It is hoped that implementation of the strategy described here will provide its users with objective data on which to base everyday judgments regarding the public health problem of drug abuse, planning for drug abuse services, and allocating limited resources on local levels.

AN OVERVIEW OF DRUG ABUSE INDICATORS

Utilization of "indicators" of drug abuse is rapidly becoming an effective methodology for monitoring drug abuse trends and patterns and assessing the extent of the drug abuse problem on local (city and/or county) levels. A detailed discussion regarding indicators of drug abuse and their rationale for selection is presented below. The interested reader is also referred to Heroin Indicators Trend Report, Estimating the Prevalence of Heroin Use in a Community, Toward a Heroin Problem Index, Drug Incidence Analysis, and A Method for Estimating Heroin Use Prevalence. These publications are available from the National Clearinghouse for Drug Abuse Information, Post Office Box 1908, Rockville, Maryland 20850.

Some of the drug abuse indicators most commonly monitored include: drug abuse treatment admissions; hepatitis cases; drug-related deaths; nonfatal emergency room episodes for drug abuse; drug law violation arrests; and drug retail price and purity levels.

The indicators are generally considered to have an association with drug use and abuse, but the absolute nature of this association is not known. Thus, the indicators should be viewed as relative measures of change in drug abuse conditions and problems rather than as absolute measures (1). Any one indicator alone is not intended to give us the actual number of heroin and other drug users (prevalence estimates) in a local community at any given time nor the rate at which these populations may be increasing or decreasing in size, but only trends and patterns of drug use and abuse--increases/decreases within a local community and various demographic characteristics of drug using/abusing populations. Through further applications of techniques, such as the National Institute on Drug Abuse's Toward a Heroin Problem Index, prevalence estimates on local levels can be determined. The following is a brief description of the rationale underlying each drug abuse indicator used in this paper (an adaptation of the Heroin Indicators Trend Report).

Drug Abuse Treatment Admissions

Drug abuse treatment admission data are considered to be related only partially to the extent of the drug using/abusing population. Admissions reflect treatment availability, utilization, and funding levels more than they describe trends in drug use and abuse. However, admission data are included in this paper to provide trend information regarding individuals who have identified themselves as having a serious problem associated with drug use and abuse requiring treatment .

Information on drug abuse treatment admissions is most often collected by the large-scale Client Oriented Data Acquisition Process (CODAP), installed in virtually all federally funded drug abuse treatment programs. The CODAP system provides a wealth of information regarding characteristics of program clientele, such as demographic, socio-economic characteristics, and drug using patterns. Many Single State Agencies for Drug Abuse Prevention are currently adapting the CODAP system or similar systems on statewide and local levels, and some are mandating the system as a condition of State and/or local funding. Tables 1 and 2 are examples of Standard Metropolitan Statistical Area (SMSA) specific CODAP data for the San Francisco, California area. The tables illustrate the primary drug at admission, and primary drug at admission by race/ethnicity, age at admission, and sex, for clients admitted to federally funded treatment programs in the San Francisco SMSA during 1977. Appendices A, B, and C are examples of the data collection instruments: CODAP Client Flow Summary, Admission Report, and Discharge Report.

Hepatitis Cases

One mode of transmission of viral hepatitis is via unsterile syringes shared by individuals (primarily heroin users) who use

Table 1. Primary drug at admisaion for 1977 (in percentages)

Primary drug	
None	0.0
Heroin	84.8
Illegal methadone	0.3
Other opiates	1.6
Alcohol	1.7
Marihuana	3.0
Barbituratea	2.0
Tranquilizera	0.3
Other sedativea	0.8
Amphetaminea	2.5
Cocaine	1.1
Hallucinogena	1.7
Inhalants	0.1
Over the counter	0.0
Other*	0.1
Total N	8,001

*"Other" category also includes "other sedatives, hypnotics, or tranquilizera" submitted on the 1975 forma. See Introduction.

Table 2. Primary drug at admisaion by race/ethnicity, age at admission, and sex (in row percentages)

	Primary drug at admisaion								
	Heroin	Other opiate	Alcohol	Mari-huana	Barbi-turate	Amphet-amine	Co-caine	Other	Total N
Race/ethnicity									
White	83.7	2.8	1.8	2.5	1.7	3.1	1.0	3.5	4,241
Black	85.2	0.6	1.7	4.5	3.1	2.0	1.7	1.2	2,242
Hispanic	88.3	0.7	1.4	2.0	1.1	1.5	0.6	4.3	1,269
Other	82.3	4.8	1.2	2.8	3.2	2.0	0.4	3.2	248
Age at admission									
Less than 18	3.5	1.3	0.4	52.4	11.7	6.5	3.5	20.8	231
18-20	53.7	2.2	3.7	9.6	9.1	7.1	4.4	11.3	408
21-25	86.7	1.4	1.3	1.6	1.7	2.8	1.1	3.5	2,363
26-30	90.8	2.0	1.2	1.0	0.9	2.0	0.7	1.4	2,664
31-44	90.4	1.6	1.9	0.9	1.4	1.8	0.8	1.0	1,032
Greater than 44	84.7	5.4	5.6	0.5	1.5	0.8	0.5	1.0	391
Sex									
Male	84.0	2.0	2.3	3.2	2.1	2.3	1.1	2.9	5,597
Female	86.6	1.6	0.3	2.6	1.8	2.9	1.0	3.1	2,404
All clients	84.8	1.9	1.7	3.0	2.0	2.5	1.1	3.0	8,001

Source: NIDA Statistical Series, SMSA Statistics 1977. Series E, Number 9.

drugs intravenously. Due to many spurious and unfounded relationships, hepatitis and its association with drug use and abuse, especially intravenous drug use, is currently under investigation by the National Center for Disease Control (CDC). According to Schreeder (2), preliminary findings indicate that: " 30 percent of drug abusers seeking treatment have a history of icteric (having Jaundice) hepatitis on one or more occasions after the onset of regular parenteral (intravenous or intramuscular) drug abuse." Even though its relationship with drug use and abuse remains unclear, incidence of hepatitis as an indicator of (new) drug use is still used by many researchers in the field of drug abuse.

Incidents of hepatitis (viral), type A, B, and unspecified are reported to the CDC in Atlanta, Georgia. Cases (incidents) of hepatitis are summarized on a weekly basis in the CDC's Morbidity and Mortality Weekly Report (MMWR). The MMWR displays incidents of hepatitis by regional area of the Nation and by States. The case reporting originates in local (city and/or county) health departments; these local departments, in turn, forward their reports to the individual State departments of health. The States are then responsible for reporting cases of hepatitis to the CDC.

Local agencies/governments interested in obtaining information on hepatitis cases (simple frequencies by each type) should consult their local health departments. Appendix D is an example of a "Confidential Morbidity Report" submitted by hospitals and physicians to the local health departments.

Drug-Related Deaths

An increase in the number (change of rates in prevalence) of active heroin and other drug users in an area is thought to result in an increase in the number of fatal reactions to specific drugs. For instance, it is believed that the number of deaths associated with drug use and abuse would increase proportionally with the number of persons who self-administer heroin and other drugs of varying quantity and quality.

Nonfatal Drug Abuse Emergencies

Similar to heroin and other drug-related deaths, the number of nonfatal reactions to specific drugs or drug combinations is thought to increase as the number of drug users increases. Thus, the number of individuals who experience heroin or other drug overdose and are treated in hospital emergency rooms should vary with the total number of active users.

The Drug Abuse Warning Network (DAWN), a system co-sponsored by NIDA and the Department of Justice, Drug Enforcement Administration (DEA), captures information involving drug-related deaths and nonfatal emergency room episodes for drug abuse. Emergency rooms located in non-Federal short-term hospitals, and medical examiners and coroners are the basis for all DAWN reporting. Only 26 SMSAs, from among more than 200 in the Continental United States, are currently included in the DAWN system; they are:

- o Atlanta
- o Baltimore
- o Boston
- o Buffalo
- o Chicago
- o Cleveland
- o Dallas
- o Denver
- o Detroit
- o Indianapolis
- o Kansas City
- o Los Angeles
- o Miami
- o Minneapolis
- o New Orleans
- o New York
- o Norfolk
- o Oklahoma City
- o Philadelphia
- o Phoenix
- o St. Louis
- o San Antonio
- o San Diego
- o San Francisco
- o Seattle
- o Washington, D.C.

Users of data from the DAWN system should keep in mind the limitations and caveats outlined in the preface of DAWN publications. For example, the hospitals are not a statistical random sample of hospitals in the United States or in the particular SMSAs (except for Norfolk, Virginia, which includes all eligible hospital emergency rooms for that SMSA). Obviously, DAWN data is not available for any cities, counties, or SMSAs that are not included in the above list.

Local agencies/governments that do not have access to the DAWN or similar systems would have to conduct independent surveys of their local hospital emergency rooms and medical examiners/coroners to obtain information regarding drug abuse morbidity and mortality in their area. Appendices E and F

respectively, are examples of the DAWN system hospital emergency room and medical examiner forms which can be adapted for local use

Reaggregated DAWN data, by county (for those SMSAs listed above), can be obtained by writing NIDA's Division of Resource Development, Forecasting Branch, 5600 Fishers Lane, Room 10A43, Rockville, Maryland 20857.

Table 3 is an example of SMSA specific DAWN data for the San Diego, California area. The table illustrates "Mentions for Selected Drugs" for all DAWN system hospital emergency rooms and medical examiners in the San Diego SMSA.

Drug Law Violation Arrests

The number of arrests by law enforcement authorities for drug law violations is thought to bear a relationship to overall drug use in an area. It is assumed that as drug-related activity increases, public concern also increases, resulting in more law enforcement activity and a greater number of arrests for drug-related offenses.

Information on individuals (simple frequencies, age, sex, and race distributions) arrested for drug law violations usually can be obtained from local police departments. If one does not find these available, city, county, and State level data can often be obtained from the Federal Bureau of Investigation's Uniform Crime Reports (UCR). The UCRs summarize information for the seven major violations (property and person crimes) and drug law violations. The UCR is compiled annually by the U.S. Department of Justice, and available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Drug Retail Price and Purity Levels

Changes in the retail (street-level) purity or potency of heroin and changes in price (for heroin and other drugs) are generally considered a measure of heroin and other drug availability. For instance, as the purity of heroin increases and the price declines, availability of heroin increases. Increases in availability are believed to be associated with increases in the total number of heroin and other drug users, and also related to the number of drug-related deaths and nonfatal drug abuse emergencies. Regional price and purity data for heroin is summarized on a quarterly basis by the Drug Enforcement Administration in their Performance Measurement System. These data are available by writing the U.S. Department of Justice, Drug Enforcement Administration, Washington, D.C. 20537.

Survey Data

Surveys provide a direct measure of respondents' self-reported drug experience. As such, they provide information about a different type (information from other than institutional data sources) of heroin and other drug use from that reflected in the other indicators. Despite this unique contribution to understanding the phenomenon of heroin and other drug use, survey findings must be interpreted with caution. For example, general population surveys are most often based on samples of households; thus, they may underrepresent the "traditional" heroin using/addicted population. Household surveys may further exclude the transient, incarcerated, or in-treatment heroin user/addict. In addition, special population surveys, such as high school surveys, only capture those individuals enrolled and may omit those who have dropped out. On the other hand, local surveys of general and special populations can provide an indication of drug use levels existing in these populations. The NIDA's National Survey on Drug Abuse: 1977 and Drug Use Among American High School Students: 1975-1977 are examples of general (household) and special population surveys.

IDENTIFYING LOCAL DRUG ABUSE PROBLEMS: THE SAN DIEGO EXPERIENCE

A Historical Perspective

The County of San Diego (1979 population: 1.6 million, and rapidly increasing) is situated in a unique geo-political location in the southwestern United States. It is bordered by one of the largest metropolitan areas in the Nation to the north, Los Angeles, vast open areas and rural communities to the east, the Pacific Ocean to the west, and the Mexican border to the south.

The ethnic distribution of the county is approximately 79 percent white, 12 percent Mexican descent or Spanish surname, 5 percent black, 2 percent Asian, and 2 percent American Indian and other (1970, U.S. Bureau of the Census, Integrated Planning Office, County of San Diego).

The community's close proximity to Mexico makes supplies of heroin and other drugs readily available. Recent studies suggest that there are approximately 11,000 heroin users (one-time, occasional, and chronic

TABLE 3

SAN DIEGO

MENTIONS FOR SELECTED DRUGS
ALL DAWN EMERGENCY ROOMS AND MEDICAL EXAMINERS IN SMSA

Therapeutic Class and Drug Category	Commonly Encountered Brand and Generic Name Drugs	Drug Mentions: Emergency Rooms Apr - June 1978 #	%	Medical Examiners Jan - Mar 1978 #	%
TRANQUILIZERS		253	20.3	10	11.0
Diazepam	Valium, Ansiolin, Stesolid	123	9.9	2	2.2
Chlordiazepoxide	Librium, Libritabs, SK Lygen	20	1.6	1	1.1
Chlorpromazine	Thorazine, Chlor-PZ, Promapar, Largactil	11	0.9	1	1.1
Thioridazine	Mellaril	17	1.4	-	0.0
Meprobamate	Equanil, Miltown, SK-Bamate, Kesso-Bamate	6	0.5	2	2.2
Clorazepate	Tranxene, Azene	4	0.3	-	0.0
Oxazepam	Serax, Adumbran	3	0.2	-	0.0
Perphenazine/Amitriptyline	Etrafon, Triavil	13	1.0	-	0.0
All Other Tranquilizers	. . .	56	4.5	4	4.4
BARBITURATE SEDATIVES		86	6.9	17	18.7
Secobarbital	Seconal, Quinalbarbitone	19	1.5	-	0.0
Secobarbital/Amobarbital	Tuinal	14	1.1	5	5.5
Phenobarbital	Luminal, Eskabarb, Barbita, Stental	20	1.6	2	2.2
Pentobarbital	Nembutal, Nebralin	6	0.5	-	0.0
Amobarbital	Amytal	-	0.0	1	1.1
Butabarbital	Butisol, Butazem, Butex, Soduben, Buticaps	1	0.1	-	0.0
All Other Barbiturate Sedatives	. .	26	2.1	9	9.9
NON-BARBITURATE SEDATIVES		113	9.1	9	9.9
Flurazepam	Dalmane, Dalmadorm	28	2.2	2	2.2
Methaqualone	Quaalude, Sopor, Parest, Optimil, Somnafac	18	1.4	2	2.2
Glutethimide	Doriden	8	0.6	-	0.0
Ethchlorvynol	Placidyl	15	1.2	3	3.3
Methapyrilene/Scopolamine	Sominex, Sleep-eze	11	0.9	-	0.0
All Other Non-Barbiturate Sedatives	. . .	33	2.6	2	2.2
ALCOHOL-IN-COMBINATION		180	14.4	12	13.2
NARCOTIC ANALGESICS		141	11.3	16	17.6
Heroin/Morphine	. .	106	8.5	11	12.1
Methadone	Dolophine, Amidone	5	0.4	1	1.1
Codeine	. . .	14	1.1	4	4.4
Meperidine HCl	Demerol, Pethidine	2	0.2	-	0.0
Hydromorphone	Dilaudid	-	0.0	-	0.0
Percodan	Percodan	11	0.9	-	0.0
All Other Narcotic Analgesics	. . .	3	0.2	-	0.0
NON-NARCOTIC ANALGESICS		103	8.3	10	11.0
Aspirin	. .	44	3.5	-	0.0
d-Propoxyphene	Darvon, Dolene, SK-65, S-Pain-65	20	1.6	8	8.8
Pentazocine	Talwin, Fortral	4	0.3	-	0.0
Acetaminophen	Tylenol, Nebs, Tempra, Datril, Capital	21	1.7	2	2.2
All Other Non-Narcotic Analgesics	. .	14	1.1	-	0.0
AMPHETAMINES		19	1.5	1	1.1
Amphetamine	Benzedrine	6	0.5	1	1.1
d-Amphetamine	Dexedrine, Diphylets	1	0.1	-	0.0
Methamphetamine	Methedrine, Desoxyn	4	0.3	-	0.0
Speed	. . .	8	0.6	-	0.0
All Other Amphetamines	. .	-	0.0	-	0.0
COCAINE		8	0.6	-	0.0
PSYCHOSTIMULANTS		48	3.9	13	14.3
Methylphenidate	Ritalin	1	0.1	-	0.0
Amitriptyline	Elavil, Endep	25	2.0	7	7.7
All Other Psychostimulants	. . .	22	1.8	6	6.6
CANNABIS		24	1.9	-	0.0
Marijuana	. .	24	1.9	-	0.0
Hashish	. . .	-	0.0	-	0.0
HALLUCINOGENS		52	4.2	-	0.0
LSD	. .	13	1.0	-	0.0
PCP/PCP Combinations	. . .	37	3.0	-	0.0
All Other Hallucinogens	. .	2	0.2	-	0.0
ANTICONVULSANTS/ANTINAUSEANTS		14	1.1	-	0.0
Diphenylhydantoin Sodium	Dilantin, Ekko	10	0.8	-	0.0
All Other Anticonvul/Antinaus		4	0.3	-	0.0
CODEINE COMBINATIONS		32	2.6	-	0.0
INHALANTS/SOLVENTS/AEROSOLS		8	0.6	1	1.1
ALL OTHER DRUGS		103	8.3	2	2.2
DRUG UNKNOWN		62	5.0	-	0.0
Total Drug Mentions		1,246	100	91	100
Total Drug Episodes		789		46	

. . . Brand and/or generic name not applicable

Source: Drug Abuse Warning Network Quarterly Report, April-June 1978. U.S. Department of Justice, Drug Enforcement Administration and U.S. Department of Health, Education, and Welfare, National Institute on Drug Abuse.

users/addicts) currently residing in the county (3).

In the early 1970's, there were few "street agencies" and "kick pads" to accommodate the drug abuser. In 1974, the County Board of Supervisors created a separate department for drug and alcohol abuse services. In so doing, the Department of Substance Abuse (DSA) was given administrative jurisdiction over all County, State, and federally funded drug and alcohol abuse treatment programs. The DSA was empowered to plan for and administer all drug and alcohol abuse treatment service contracts in the county. Under DSA's auspices, there were several contracted treatment programs and also an outpatient drug-free treatment program operated directly by the County.

Under California State mandate, the DSA Division of Drug Programs was responsible for developing the county's drug abuse component for the State Plan. Since DSA's inception, the Chief of the Division of Drug Programs (designated County Drug Program Coordinator) has recognized an ever-increasing need for objective drug abuse data for management and planning purposes. This need was partially met with the implementation of a comprehensive management information system for County, State, and federally funded drug abuse treatment programs. (Contents of the system will be discussed further in following sections).

In the early years of DSA, incidence and prevalence studies, such as those initiated by NIDA (3,4), were conducted on a limited basis. One of the first concerted efforts to investigate the extent of the drug abuse problem in the county was conducted by the Special Action Office for Drug Abuse Prevention (SAODAP), Executive Office of the President, Washington, D.C. (4). Since then, other studies have been conducted (5,6,7,8,9). Realizing a need to routinely compile, analyze, and interpret drug abuse data, the Division of Drug Programs allocated funds for a full-time research analyst within their Division.

In order to further investigate local drug abuse problems, San Diego drew upon NIDA's Community Correspondent Group (CCG) as a model in their study of drug abuse indicators. The NIDA CCG is composed of member correspondents from the drug abuse treatment, prevention, and research communities in major metropolitan areas, which also participate in the federally operated DAWN system. The Group has become an important source to NIDA of city, county, and SMSA heroin prevalence estimates, local trends and patterns of drug use and abuse, and other interpretations of changing drug abuse conditions in their local communities. Examples of their local analyses can be found in NIDA's Proceedings: Community Correspondent Group Meeting Five, December 1978.

Utilizing a design and format similar to the NIDA CCG, the member of the CCG from San Diego organized the drug abuse treatment and research communities, and other data source contributors (law enforcement and coroner) into a local Drug Abuse Indicator Correspondent Group. The make-up of the group and the interchange of drug abuse data is illustrated in figure 1 and discussed below.

Local Drug Abuse Indicators Monitored

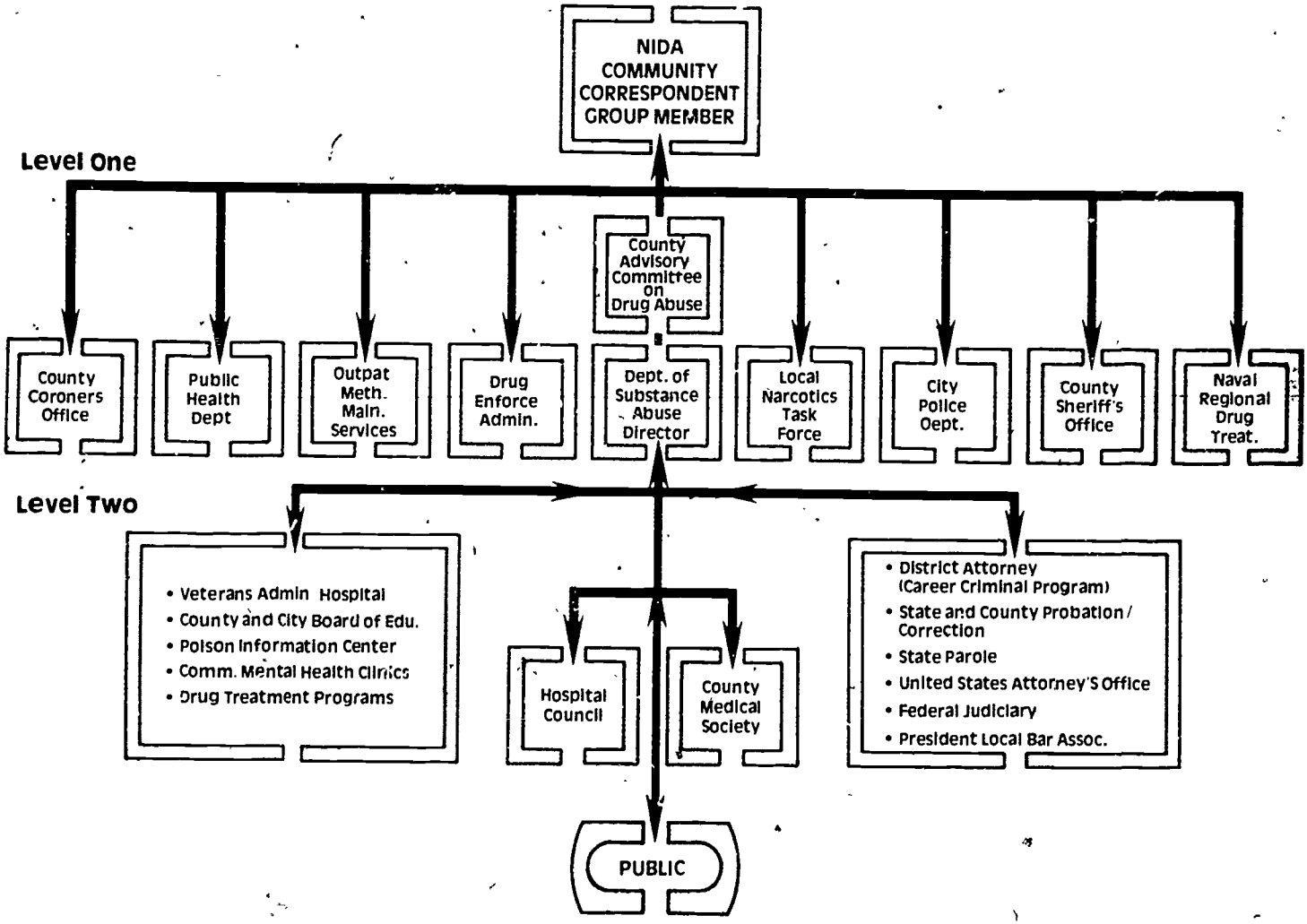
> Note: According to California Welfare and Institutions Code Section 5328 and Federal Regulations the information entered on all forms is handled in the strictest confidence and is not released to unauthorized personnel.

Drug-related deaths. Medico-legal deaths are investigated by the San Diego County Coroner's Office. The Division of Drug Programs' research analyst receives death certificates from the Coroner's Office on a weekly basis via the County Vital Statistics Department. The death certificates include information on age, sex, race, name of the decedent, address, date of death, mode/manner of death (accidental, suicide, homicide, undetermined), and results from a toxicologic assay of all substances found in the decedent (see appendix G). The substances found in the decedent are listed by drug name; for instance, diazepam, d-propoxyphene, chloral hydrate, morphine (heroin), alcohol, etc. The death certificate illustrated in appendix G is also provided to the National Center for Health Statistics for compilation of national statistical reports and provided to State and Federal agencies for file clearance purposes.

Hepatitis. The San Diego County Public Health Department, Medical Services Division, is responsible for local hepatitis surveillance. The Department obtains confidential patient information regarding hepatitis A, B, and unspecified (refer to appendix D). The Department abstracts all reported cases of hepatitis occurring in the civilian and military population, including those cases reported by blood banks and plasma centers. The hepatitis data, sent on a monthly basis to the Division of Drug Programs' research analyst, includes name, address, age, sex, and race of the patient, by type.

FIGURE 1

SAN DIEGO COUNTY
DRUG ABUSE DATA DISSEMINATION



Drug abuse treatment. Drug abuse treatment data is received from every drug abuse treatment program throughout the County. Since July of 1975, every environment and modality for drug abuse treatment has been reporting on CODAP (refer to appendices A, B, and C). Treatment services in the County includes a variety of treatment modalities/environments, such as, outpatient methadone maintenance, outpatient detoxification, residential drug free, and outpatient drug free. According to CODAP figures, approximately 3,500 persons are served on an annual basis in the treatment network.

The Drug Information and Indicator System (DIIS) was designed and implemented by San Diego County as an augmentation to the Federal CODAP system for planning and management purposes (see appendix H). The DIIS is a comprehensive data collection system that requires a client service record on every client at the end of each month. The purpose of the system is as follows:

- o Monitor by clinic and program the time spent and services provided to each client.
- o Provide data for fiscal claims and site visits (e.g., cross-checking intakes, number of clients seen, units of service provided by various session types).
- o Provide data for special research activities, such as drug abuse indicator analysis.

The system further provides data for other epidemiologic investigations, planning, management, and evaluation activities.

The DIIS Client Activity Report form has an identification section with items such as date of admission, primary counselor number, unique clinic identifier (assigned originally by NIDA), report month, treatment status, and the client number (linking all treatment service to the CODAP system). Residential census tract and zip codes are also obtained for each client on admission--facilitating needs assessments and regional drug abuse indicator analyses.

Nonfatal drug abuse emergencies. Hospital emergency room episodes associated with drug abuse are reported to DAWN. The San Diego County area was included in the DAWN system July 1975. Of twenty-four (24) eligible emergency rooms, twenty (20) located in non-federally supported hospitals participate in the system in San Diego County. Drug Abuse Warning Network Quarterly Reports and other special computer runs are received from the NIDA Forecasting Branch and incorporated into local drug abuse indicator reports. Appendix I depicts a sample drug abuse indicator report. Prior to the inception of the DAWN system, emergency room data was collected and tabulated manually.

Law enforcement data: arrests, drug retail price and purity. The regional office of the DEA provides street-level price and purity data for heroin, including the number of drug seizures and the number of arrests involved. The price and purity data is derived from "street-buys" obtained by undercover narcotic agents. The "street-buys" are usually two gram samples or less; thus, they represent retail street-level price and purity for heroin. The San Diego County Integrated Narcotics Task Force, working in conjunction with local police jurisdictions and the DEA also provide arrest and drug retail price data.

The San Diego City Police Department, the major arresting jurisdiction in the area, is divided into two divisions--adult and juvenile. A breakdown by age, sex, race, and drug category is obtained for drug law violations from the Department and other law enforcement agencies every 6 months. A specially designed data collection instrument is used to capture arrest data from the various law enforcement agencies (see appendix J).

The San Diego County Sheriff's Office, law enforcement authority for areas outside the incorporated city limits of San Diego, also provides information on the number of adult and juvenile arrests for drug law violations by drug category, age, sex, and race.

Military. The San Diego County area entertains a substantial military population. The Marine Corp Recruit Depot, Camp Pendleton, Naval Training Center, Naval Air Bases, and a good portion of the Pacific Fleet are located in the county. A large Naval Drug Rehabilitation Center is also located in the area. The Center provides data concerning their drug abuse treatment program clientele and utilizes the San Diego County drug abuse indicator data and reports as a base for comparison.

Survey data. A survey was recently designed and conducted to assess the extent of the heroin problem (if any) among juveniles in the county. The survey was designed to assess the extent of the heroin problem by: estimating the prevalence (total number) of juvenile heroin users; surveying youth service provider agencies; and conducting a series of personal interviews with juvenile

heroin users. It was determined that the juvenile heroin-using population was in the range of 100-300--a period prevalence estimate for 1975 through 1977. Due to the outcome of the survey, the county decided not to establish a residential treatment program for heroin using/addicted youth.

Another special survey was completed in 1974, which presented information on general patterns of youth drug use and other demographic characteristics of juvenile drug users/abusers (10). The extent (total number of drug users) of the drug abuse problem among youth could not be determined from the survey.

Local Communication Network

Figure 1 illustrates the communication network among the local correspondents. "Level One" represents primary data sources contributing to the local drug abuse assessment effort. Sharing of specific drug abuse data by the various constituencies has continued to be an ongoing endeavor. Interpretation/information sharing sessions are convened semi-annually with the local correspondents--leading to the final draft of the drug abuse indicator reports (see for example appendix I).

Another vital link in the assessment and data dissemination process has been the State mandated County Advisory Committee on Drug Abuse (CACDA). The CACDA is composed of representatives of the treatment, medical, and academic communities as well as lay consumers. The Committee is an approving/reviewing body for all drug-related contracts, grants, plans, and reports prepared by the County's Division of Drug Programs.

"Level Two" in figure represents those organizations, agencies ividuals that receive periodic rep on drug abuse conditions and problems in the county. These organizations may be affected by any changes in trends and patterns of drug use and abuse in their local community, leading to possible modification of prevention and treatment efforts, staffing patterns, and case loads.

CONCLUSION

This paper was written to provide local program planners, administrators, and other decisionmakers with some basic tools to assess local drug abuse conditions and problems in a viable and timely manner. Standardized format data collection instruments, such as those illustrated in this paper, demonstrated themselves to be cost-effective techniques for routinely compiling, analyzing, and interpreting indicators of drug abuse from existing data sources.

Data sharing capabilities between agencies, such as law enforcement and drug abuse treatment, can exist without violating the confidentiality of the subjects or the agencies involved, as in the example presented. Some inherent limitations when utilizing indicators of drug abuse for assessing the extent of the drug abuse problem and monitoring trends and patterns of drug use and abuse were also discussed.

Once implemented, the strategy will hopefully provide its users with the necessary objective data on which to base everyday judgments regarding the public health problem of drug abuse, planning for drug abuse services, and finally, allocating limited resources on local levels. Implementation of this paradigm by local agencies and governments requires the interest and cooperation of the various drug abuse indicator data sources.

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APPENDIX A

(USE BALL POINT PEN–PRESS DOWN FIRMLY)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE ON DRUG ABUSE

FORM APPROVED
O M B No 68 R1442

CLIENT ORIENTED DATA ACQUISITION PROCESS (CODAP) — CLIENT FLOW SUMMARY (CFS)

CARD 1

1 CLINIC IDENTIFIER [ ] 11-18

NAME OF CLINIC *(please print or type)*

CLINIC ADDRESS *(number)* *(street)*

(city) *(state)* *(zip code)*

NAME OF CODAP LIAISON

CODAP LIAISON'S TELEPHONE NUMBER *(area code)* *(number)*

NAME OF PROGRAM

Check box if any of the above has changed since last report [ ] 19

2. PROGRAM IDENTIFIER [ ] 20-27

3. DATE FORM COMPLETED Month Day Year [ ] 28-33

4 REPORT MONTH Month Year [ ] 34-37

(Complete all blocks in Items 5-10—enter zeros for none)

5 TOTAL REPORTED CLIENTS IN TREATMENT ON LAST DAY OF PREVIOUS MONTH *(Item 10 on last month's CFS)* [ ] 38-41

6. CLIENTS ADMITTED DURING REPORT MONTH *(Equals number of admission reports enclosed)* + [ ] 42-44

7 CLIENTS ADMITTED DURING PREVIOUS MONTHS *(Equals number of late admission reports enclosed)* + [ ] 45-47

8. CLIENTS DISCHARGED OURING REPORT MONTH *(Equals number of discharge reports enclosed)* – [ ] 48-50

9. CLIENTS DISCHARGED DURING PREVIOUS MONTHS *(Equals number of te discharge reports enclosed)* – [ ] 51-53

*10 TOTAL REPORTED CLIENTS IN TREATMENT ON LAST DAY OF MONTH = [ ] 54-57

*11 NUMBER OF CLIENTS IN TREATMENT ON LAST DAY OF MONTH *(Complete only applicable blocks—do not enter zeros)*

ENVIRONMENT	MODALITY: DETOXIFICATION NIDA CLIENTS	DETOXIFICATION TOTAL CLIENTS	MAINTENANCE NIDA CLIENTS	MAINTENANCE TOTAL CLIENTS	DRUG FREE NIDA CLIENTS	DRUG FREE TOTAL CLIENTS	OTHER MODALITY NIDA CLIENTS	OTHER MODALITY TOTAL CLIENTS
PRISON — CARD 2 11-34								
HOSPITAL — 35-58								
RESIDENTIAL — CARD 3 11-34								
DAY CARE — 35-58								
OUTPATIENT — CARD 4 11-34								
TOTALS — 35-66								

GRAND TOTALS NIDA CLIENTS	GRAND TOTALS TOTAL CLIENTS

CARD 5

12 TREATMENT FUNDING SOURCES *(Complete all blocks)*

FUNDING CODES
10 = NIDA 60 = THIRD PARTY PAYMENTS
20 = BOP 70 = STATE
30 = VA 80 = LOCAL
40 = LEAA 90 = PRIVATE
50 = HUD 97 = NOT APPLICABLE

1 [ ] 11-12
2 [ ] 13-14
3 [ ] 15-16
4 [ ] 17-18
5 [ ] 19-20

13. TOTAL NUMBER OF APPLICANTS ON ACTIVE WAITING LIST ON LAST DAY OF REPORT MONTH *(000 for none)* [ ] 21-23

14. NUMBER OF BOP CLIENT PROGRESS REPORTS *(000 for none)* [ ] 24-26

15. NUMBER OF CORRECTED COPIES OF PREVIOUSLY SUBMITTED REPORTS *(000 for none)* [ ] 27-29

16. TOTAL NUMBER OF APPLICANTS SCREENED DURING REPORT MONTH *(000 for none)* [ ] 30-32

17. CODED REMARKS

Special Studies

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 6 17 18 19 20 21 22 23 24 25 26

[ ] 33-58

33 40 50

18 NIDA TREATMENT CONTRACT/GRANT NUMBERS

19. APPROVED BY *(Signature)* *(Title)*

*Items 10 and 11 (Grand Total Clients) should be equal—see reverse

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Rev 4 79

This report is required by P L 92 255 Failure to report may result in the suspension or termination of NIDA Treatment Grant or Contract
The information entered on this form will be held in strict confidence and will not be released to unauthorized personnel

APPENDIX A
(SIDE 2)

CLIENT FLOW SUMMARY

Codes, Definitions And Instructions

Listed below are selected codes, definitions and instructions to assist in the completion of the data items on the front of this Client Flow Summary. This aid is NOT designed to replace the comprehensive definitions and instructions contained in Chapter 4 – Client Flow Summary of the CODAP Instruction Manual. *A thorough review of the Instruction Manual and its accessibility at the reporting unit is required.*

***Item 10 And Item 11 (Grand Total Clients) Should Be Equal.**

Data Item 10 "Total Reported Clients In Treatment On Last Day Of Month" *is substantiated* by the cumulative submissions, since implementation, of the following reports:

AR (Item 6)
LATE AR (Item 7)
DR (Item 8)
LATE DR (Item 9)

When Item 10 does *not* conform with Item 11 (Grand Total Clients) because AR's and/or DR's have *not* been submitted, the missing Reports are to be submitted (as Late ARs and/or DRs) so that Items 10 and 11 will be the same.

Data Item 11 – Grand Total Clients "Number Of Clients In Treatment On Last Day Of Month" represents the ACTUAL clients in treatment. This total should be substantiated by the Clinic's internal records as being the actual population in treatment on the last day of the Report Month and is verified by the individual who approves the submission in Item 19 – Approved By.

Item 11 Number Of Clients In Treatment On Last Day Of Month

For purposes of inclusion in the NIDA CLIENTS and TOTAL CLIENTS columns, the following definitions apply:

NIDA Clients

These columns should include clients who have been admitted to the CODAP system and are treated with NIDA 410 funds through the Statewide Services Contract, H-80 grants, staffing grants (H-19), direct contract to the program, and those clients treated with the matching funds stipulated in the NIDA grant or contract.

Enter the Total for each column.

Total Clients

These columns should include *all* drug abuse clients regardless of funding. Not only would this column *include NIDA CLIENTS* but *also* those clients being treated with other sources of funding (state, local, LEAA, etc.) in addition to other NIDA funding such as Research and Demonstration Grants and 409 Funds.

Enter the Total for each column.

Grand Totals

Enter the combined Totals of each NIDA CLIENTS column.

Enter the combined Totals of each TOTAL CLIENTS column.

This grand total should be the same as the number indicated in Item 10.

COMPLETE THE APPLICABLE BLOCKS ONLY – DO NOT ENTER ZEROS.

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APPENDIX B

(USE BALL POINT PEN–PRESS DOWN FIRMLY)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
ALCOHOL DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE ON DRUG ABUSE

FORM APPROVED
O M B No 68 R1442

CLIENT ORIENTED DATA ACQUISITION PROCESS (CODAP) — ADMISSION REPORT (AR)

CARD 1

* 1. CLINIC IDENTIFIER — 11 18

* 2. DATE FORM COMPLETED (Month Day Year) — 19-24

* 3. CLIENT NUMBER — 25-34

* 4. DATE OF ADMISSION TO THIS CLINIC (Month Day Year) — 35-40

5 ADMISSION TYPE — 41
1 = First Admission–To Any Clinic Within This Program
2 = Readmission–To Any Clinic Within This Program
3 = Transfer Admission–From Another CODAP Reporting Clinic Within This Program
4 = Transfer Admission–From A Non CODAP Reporting Clinic Within This Program

6. MODALITY ADMITTED TO *(See reverse side for codes)* — 42

7 ENVIRONMENT ADMITTED TO *(See reverse side for codes)* — 43

8 MEDICATION PRESCRIBED *(See reverse side for codes)* — 44 45

* 9 SEX — 46
1 = Male
2 = Female

*10. DATE OF BIRTH (Month Year) — 47 50

11. RACE/ETHNIC BACKGROUND *(See reverse side for codes)* — 51 52

12. SOURCE OF REFERRAL *(See reverse side for codes)* — 53 54

13. MARITAL STATUS *(See reverse side for codes)* — 55

14 EMPLOYMENT STATUS *(See reverse side for codes)* — 57

15. HIGHEST SCHOOL GRADE COMPLETED (00 20) — 59 60

16. CURRENTLY IN EDUCATIONAL OR SKILL DEVELOPMENT PROGRAM 1 = Yes 2 = No — 61

17 NUMBER OF TIMES ARRESTED WITHIN 24 MONTHS PRIOR TO THIS ADMISSION *(00 or none)* — 62 63

18. NUMBER OF PRIOR ADMISSIONS TO ANY DRUG TREATMENT PROGRAM *(00 for none)* — 64 65

19 MONTHS SINCE LAST DISCHARGE FROM ANY DRUG TREATMENT PROGRAM *(00 = none, 97 = not applicable)* — 66 67

20. HEALTH INSURANCE TYPE *(See reverse side for codes)* — 68

Item 21–DRUG TYPE(S)

Indicate in the following order
- Drug problems for which the client is being admitted for treatment
- Other drugs used during the month prior to admission

If 00 for None is entered, leave Items 22-25 blank

00 = None
01 = Heroin
02 = Non Rx Methadone
03 = Other Opiates and Synthetics
04 = Alcohol
05 = Barbiturates
06 = Other Sedatives or Hypnotics
07 = Amphetamines
08 = Cocaine
09 = Marijuana/Hashish
10 = Hallucinogens
11 = Inhalants
12 = Over-the Counter
13 = Tranquilizers
14 = Other
21 = PCP

Item 22–SEVERITY OF DRUG PROBLEM(S) AT TIME OF ADMISSION

0 = Use (Not A Problem)
1 = Primary
2 = Secondary
3 = Tertiary

Item 23–FREQUENCY OF USE DURING MONTH PRIOR TO ADMISSION

0 = No Use During Month Prior To Admission
1 = Less Than Once Per Week
2 = Once Per Week
3 = Several Times Per Week
4 = Once Daily
5 = Two To Three Times Daily
6 = More Than Three Times Daily

Item 24–MOST RECENT USUAL ROUTE OF ADMINISTRATION

1 = Oral
2 = Smoking
3 = Inhalation
4 = Intramuscular
5 = Intravenous

DRUG PATTERNS AT ADMISSION	PRIMARY PROBLEM OR USE		SECONDARY PROBLEM OR USE		TERTIARY PROBLEM OR USE	
CARD 2	11	12	13	14	15	16
21 DRUG TYPE(S) *(Complete all blocks)*						
	19		20		21	
22. SEVERITY OF DRUG PROBLEM(S) AT TIME OF ADMISSION						
	23		24		25	
23 FREQUENCY OF USE DURING MONTH PRIOR TO ADMISSION						
	27		28		29	
24. MOST RECENT USUAL ROUTE OF ADMINISTRATION						
	31	32	33	34	35	36
25 YEAR OF FIRST USE	19		19		19	

26 CODED REMARKS — 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 — 47 77
47 48 53 58 67 73 77
Special Studies

*The information entered in these Critical Items is used to match client's Admission and Discharge Reports and to match Corrected Copy with Admission Report

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APPENDIX B
(SIDE 2)
ADMISSION REPORT CODES

Listed below are the codes required for the completion of items on the front of this Admission Report. This aid is NOT designed to replace the comprehensive definitions and instructions contained in Chapter 2 – Admission Report of the CODAP Instruction Manual. *A thorough review of the Instruction Manual and its accessibility at the reporting unit is required.*

Item 6 – Modality Admitted To

1 - Detoxification
2 - Maintenance
3 - Drug Free
4 - Other

Item 7 – Environment Admitted To

1 - Prison
2 - Hospital
3 - Residential
4 - Day Care
5 - Outpatient

Item 8 – Medication Prescribed

00 - None
01 - Methadone
02 - LAAM
03 - Propoxyphene N
04 - Naloxone
05 - Cyclazocine
06 - Disulfiram
07 - Other Antagonist
08 - Naltrexone
09 - Other

Item 11 – Race/Ethnic Background

01 - White (Not Of Hispanic Origin)
02 - Black (Not Of Hispanic Origin)
03 - American Indian
04 - Alaskan Native (Aleut, Eskimo Indian)
05 - Asian Or Pacific Islander
06 - Hispanic-Mexican
07 - Hispanic Puerto Rican
08 - Hispanic Cuban
09 - Other Hispanic

Item 12 – Source of Referral

01 - Self Referral
02 - Hospital
03 - Community Mental Health Center
04 - Community Services Agencies/Individuals
05 - Family/Friend
06 - Employer
07 - School
08 - Other Voluntary
09 - Treatment Alternatives to Street Crime (TASC)
10 - Federal/State/County Probation
11 - Federal/State/County Parole
12 - Other Non Voluntary

FOR BUREAU OF PRISONS ONLY

13 - BOP NARA II
14 - BOP - IPDDR
15 - BOP Study
16 - BOP Probationer
17 - Other BOP (Formerly DAP)

FOR VETERANS ADMINISTRATION ONLY

18 - VA ASMRO

Item 13 – Marital Status

1 - Never Married
2 - Married
3 - Widowed
4 - Divorced
5 - Separated

Item 14 – Employment Status

1 - Unemployed, Has Not Sought Employment In Last 30 Days
2 - Unemployed, Has Sought Employment In Last 30 Days
3 - Part-Time (Less Than 35 Hours A Week)
4 - Full-Time (35 Or More Hours A Week)

Item 20 – Health Insurance Type

0 - No Health Insurance
1 - Blue Cross/Blue Shield
2 - Other Private Insurance
3 - Medicaid/Medicare
4 - CHAMPUS (Civilian Health And Medical Program Of The Uniformed Services)
5 - Other Public Funds For Health Care

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Rev. 11 78

APPENDIX C

(USE BALL POINT PEN–PRESS DOWN FIRMLY)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
ALCOHOL DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE ON DRUG ABUSE

FORM APPROVED
O M B No 68 R1442

CLIENT ORIENTED DATA ACQUISITION PROCESS (CODAP) — DISCHARGE REPORT (DR)

CARD 1

* 1 CLINIC IDENTIFIER [ ] 11 18

* 2. DATE FORM COMPLETED (Month Day Year) [ ] 19-24

* 3 CLIENT NUMBER [ ] 25-34

4 DATE OF DISCHARGE FROM THIS CLINIC (Month Day Year) [ ] 35-40

* 5 DATE OF ADMISSION TO THIS CLINIC (Month Day Year) [ ] 41-46

6. DATE OF ADMISSION TO THIS PROGRAM (Month Day Year) [ ] 47 52

7. REASON FOR DISCHARGE [ ] 53 54
- 01 = Completed Treatment, No Drug Use
- 02 = Completed Treatment, Some Drug Use
- 03 = Transfer To A CODAP Reporting Clinic Within This Program
- 04 = Transfer To a Non-CODAP Reporting Clinic Within This Program
- 05 = Referred Outside This Program
- 06 = Program Decision To Discharge Client For Noncompliance with Program Rules
- 07 = Client Left Before Completing Treatment
- 08 = Incarcerated
- 09 = Death

8 MODALITY AT TIME OF DISCHARGE *(See reverse side for codes)* [ ] 55

9. ENVIRONMENT AT TIME OF DISCHARGE *(See reverse side for codes)* [ ] 56

*10 SEX (1 = Male, 2 = Female) [ ] 57

*11. DATE OF BIRTH (Month Year) [ ] 58 61

12 RACE/ETHNIC BACKGROUND *(See reverse side for codes)* [ ] 62 63

13. MARITAL STATUS *(See reverse side for codes)* [ ] 64

14 EMPLOYMENT STATUS *(See reverse side for codes)* [ ] 66

15 HIGHEST SCHOOL GRADE COMPLETED (00 20) [ ] 68 69

16 CURRENTLY IN EDUCATIONAL OR SKILL DEVELOPMENT PROGRAM 1 Yes 2 = No [ ] 70

17. SKILL DEVELOPMENT PROGRAM COMPLETED DURING TREATMENT 1 = Yes 2 = No [ ] 71

18 NUMBER OF TIMES CLIENT WAS ARRESTED DURING TREATMENT *(00 for none)* [ ] 72,73

Item 19–DRUG TYPE(S)

Indicate in the following order
–Drug Problem(s) at the time of discharge regardless of frequency of use at discharge
–Other Drug(s) used during month prior to discharge

If 00 for None is entered, leave Items 20 22 blank

- 00 = None
- 01 = Heroin
- 02 = Non-Rx Methadone
- 03 = Other Opiates and Synthetics
- 04 = Alcohol
- 05 = Barbiturates
- 06 = Other Sedatives or Hypnotics
- 07 = Amphetamines
- 08 = Cocaine
- 09 = Marijuana/Hashish
- 10 = Hallucinogens
- 11 = Inhalants
- 12 = Over the Counter
- 13 = Tranquilizers
- 14 = Other
- 15 = Drug Unknown
- 21 = PCP

Item 20–SEVERITY OF DRUG PROBLEM(S) AT TIME OF DISCHARGE

- 0 = Use (Not A Problem)
- 1 = Primary
- 2 = Secondary
- 3 = Tertiary

Item 21–FREQUENCY OF USE DURING MONTH PRIOR TO DISCHARGE

- 0 = No Use During Month Prior To Discharge
- 1 = Less Than Once Per Week
- 2 = Once Per Week
- 3 = Several Times Per Week
- 4 = Once Daily
- 5 = Two To Three Times Daily
- 6 = More Than Three Times Daily
- 7 = Frequency Unknown

Item 22–MOST RECENT USUAL ROUTE OF ADMINISTRATION

- 1 = Oral
- 2 = Smoking
- 3 = Inhalation
- 4 = Intramuscular
- 5 = Intravenous
- 6 = Route Unknown

DRUG PATTERNS AT DISCHARGE	PRIMARY PROBLEM OR USE	SECONDARY PROBLEM OR USE	TERTIARY PROBLEM OR USE
CARD 2	11 12	13 14	15 16
19. DRUG TYPE(S) *(Complete all blocks)*			
20. SEVERITY OF DRUG PROBLEM(S) AT TIME OF DISCHARGE	19	20	21
21 FREQUENCY OF USE DURING MONTH PRIOR TO DISCHARGE	23	24	25
22 MOST RECENT USUAL ROUTE OF ADMINISTRATION	27	28	29

23 CODED REMARKS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 [ ] 31 56
31 32 42 51
Special Studies

*The information entered in these Critical Items is used to match client's Admission and Discharge Reports and to match Corrected Copy with Discharge Report

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Rev 4 79

This report is required by P L 92 255 Failure to report may result in the suspension or termination of NIDA Treatment Grant or Contract The information entered on this form will be held in strict confidence and will not be released to unauthorized personnel

APPENDIX C
(SIDE 2)

DISCHARGE REPORT CODES

Listed below are the codes required for the completion of Items on the front of this Discharge Report. This aid is NOT designed to replace the comprehensive definitions and instructions contained in Chapter 3 – Discharge Report of the CODAP Instruction Manual. *A thorough review of the Instruction Manual and its accessibility at the reporting unit is required.*

Item 8 – Modality At Time Of Discharge

1 = Detoxification
2 = Maintenance
3 = Drug Free
4 = Other

Item 9 – Environment At Time Of Discharge

1 = Prison
2 = Hospital
3 = Residential
4 = Day Care
5 = Outpatient

Item 12 – Race/Ethnic Background

01 = White (Not Of Hispanic Origin)
02 = Black (Not Of Hispanic Origin)
03 = American Indian
04 = Alaskan Native (Aleut, Eskimo Indian)
05 = Asian Or Pacific Islander
06 = Hispanic Mexican
07 = Hispanic-Puerto Rican
08 = Hispanic Cuban
09 = Other Hispanic

Item 13 – Marital Status

1 = Never Married
2 = Married
3 = Widowed
4 = Divorced
5 = Separated

Item 14 – Employment Status

1 = Unemployed, Has Not Sought Employment In Last 30 Days
2 = Unemployed, Has Sought Employment In Last 30 Days
3 = Part-Time (Less Than 35 Hours A Week)
4 = Full-Time (35 Or More Hours A Week)

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Rev. 11 78

APPENDIX D

CONFIDENTIAL MORBIDITY REPORT

STATE OF CALIFORNIA (SEND TO LOCAL HEALTH OFFICER) DEPARTMENT OF HEALTH

PATIENT'S LAST NAME | FIRST NAME | MIDDLE INITIAL

ETHNIC ORIGIN	SEX	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER

	NUMBER	STREET	CITY	COUNTY
PRESENT ADDRESS				
USUAL ADDRESS				

DISEASE—(VIRAL HEPATITIS, TYPE A, TYPE B OR UNSPECIFIED SYPHILIS TUBERCULOSIS, SEE OVER) | DATE OF ONSET

ATTENDING PHYSICIAN (NAME AND ADDRESS), HOSPITAL INSTITUTION OR OTHER REPORTING AGENCY | DATE OF DIAG

DATE OF DEATH

PM 110 (11 73)

TUBERCULOSIS DIAGNOSTIC INFORMATION

DIAGNOSIS	REACTIVATION	BACTERIOLOGY	EVIDENCE SUPPORTING DIAGNOSIS (CHECK ONE OR MORE)	EXTENT (IF PULMONARY)
☐ PRIMARY ☐ PULMONARY ☐ EXTRAPULMONARY SITE	☐ YES ☐ NO ☐ UNDETERMINED	SMEAR ☐ POS ☐ NEG CULTURE ☐ POS ☐ NEG NOT DONE ☐ ☐ TYPICAL (*M tuberculosis*) ☐ ATYPICAL	☐ POS TB SKIN TEST ☐ X RAY ☐ BACTERIOLOGIC ☐ HISTOLOGIC	☐ MINIMAL ☐ MODERATELY ADVANCED ☐ FAR ADVANCED

☐ RECENT TUBERCULIN CONVERTER ONLY

CIRCLE NO. OF RUNYON GROUP IF ATYPICAL MYCOBACTERIA I II III IV

SYPHILIS DIAGNOSTIC INFORMATION

INFECTIOUS	NON-INFECTIOUS
☐ PRIMARY	☐ LATE LATENT
☐ SECONDARY	☐ NEUROSYPHILIS, ASYMPTOMATIC
☐ EARLY LATENT	☐ NEUROSYPHILIS, CLINICAL
EPIDEMIOLOGIC NOTE: TO MINIMIZE SPREAD, PROMPT CONTROL MEASURES ARE ESSENTIAL. PLEASE PHONE REPORTS FOR INFECTIOUS CASES	☐ CARDIOVASCULAR ☐ OTHER LATE _____ SPECIFY ☐ CONGENITAL

HEPATITIS DIAGNOSTIC INFORMATION

ASSOCIATION WITHIN 6 MONTHS PRIOR TO ONSET OF HEPATITIS:

☐ TRANSFUSION OF BLOOD, BLOOD PRODUCTS ☐ SELF INJECTION OF DRUGS ☐ ADMITTED ☐ SUSPECTED ☐ TATTOO ☐ NONE ☐ UNKNOWN

HEPATITIS B ANTIGEN TEST ☐ YES ☐ NO DATE _____ ☐ POS ☐ NEG

REMARKS

(SIDE 2)

APPENDIX E

HOSPITAL EMERGENCY ROOM

HOSPITAL

DATE | TIME OF VISIT ☐ A M ☐ P M

(A) PATIENT INFORMATION

AGE | SEX ☐ MALE ☐ FEMALE | RACE ☐ WHITE ☐ BLACK ☐ UNKNOWN ☐ OTHER

EMPLOYMENT STATUS ☐ STUDENT (ANY) ☐ UNEMPLOYED ☐ RETIRED WORKER ☐ UNKNOWN ☐ EMPLOYED ☐ HOMEMAKER ☐ OTHER

PATIENT CURRENTLY ENROLLED IN TREATMENT/REHABILITATION PROGRAM ☐ YES ☐ NO ☐ UNKNOWN → IF YES, CHECK TYPE ☐ METHADONE DETOXIFICATION ☐ METHADONE MAINTENANCE ☐ OTHER

REASON FOR TAKING SUBSTANCE(S)	REASON FOR PRESENT CONTACT	DISPOSITION
☐ PSYCHIC EFFECTS	☐ UNEXPECTED REACTION	☐ REFERRED TO ANOTHER AGENCY
☐ DEPENDENCE	☐ OVERDOSE	☐ TREATED AND REFERRED
☐ SUICIDE ATTEMPT OR GESTURE	☐ CHRONIC EFFECTS	☐ TREATED AND RELEASED
☐ UNKNOWN	☐ UNKNOWN	☐ ADMITTED TO HOSPITAL
☐ OTHER, SPECIFY_____	☐ OTHER, SPECIFY_____	☐ LEFT AGAINST MEDICAL ADVICE
_____	_____	☐ DIED
_____	_____	☐ UNKNOWN

(B) DRUG SUBSTANCE INFORMATION

LIST EACH SUBSTANCE NAME (CHEMICAL, GENERIC, TRADE OR STREET NAME) IN ONE OF THE NUMBERED SPACES BELOW

1.	2.	3

FOR EACH OF THE SUBSTANCES LISTED ABOVE, CHECK APPROPRIATE ANSWERS IN EACH RESPONSE FIELD BELOW.

FORM IN WHICH DRUG WAS ACQUIRED	SUBSTANCE 1	2	3
TAB/CAP/PILL	☐	☐	☐
AEROSOL	☐	☐	☐
LIQUID	☐	☐	☐
POWDER	☐	☐	☐
PAPER	☐	☐	☐
INJECTABLE LIQUID	☐	☐	☐
CIGARETTE	☐	☐	☐
PLANT MATERIAL	☐	☐	☐
UNKNOWN	☐	☐	☐
OTHER, SPECIFY			

ROUTE OF ADMINISTRATION	SUBSTANCE NUMBER 1	2	3
ORAL	☐	☐	☐
INJECTION (SPECIFY I V , S C , I M.)	☐	☐	☐
INHALED (GAS, VOLATILE LIQUID, AEROSOL)	☐	☐	☐
SMOKED	☐	☐	☐
SNIFFED, SNORTED (e g., COCAINE)	☐	☐	☐
UNKNOWN	☐	☐	☐
OTHER, SPECIFY_____			
_____			

SOURCE OF SUBSTANCE	SUBSTANCE NUMBER 1	2	3
LEGAL RX	☐	☐	☐
FORGED RX	☐	☐	☐
STREET BUY	☐	☐	☐
O T C	☐	☐	☐
STOLEN	☐	☐	☐
GIFT	☐	☐	☐
UNKNOWN	☐	☐	☐
OTHER, SPECIFY			

IDENTIFICATION OF SUBSTANCE (CHECK ALL THAT APPLY)	SUBSTANCE NUMBER 1	2	3
Patient's statement of identification	☐	☐	☐
Doctor's statement of identification	☐	☐	☐
Positive clinical response to symptomatic treatment of drug	☐	☐	☐
Possession of commercial identifiable dosage form	☐	☐	☐
Statement of accompanying individual	☐	☐	☐
Identification of substance from blood sample	☐	☐	☐
Identification of substance from urine sample	☐	☐	☐
Identification of substance from other body fluid or tissue	☐	☐	☐

CLINICAL STATUS: ☐ CONSCIOUS → ☐ COHERENT ☐ INCOHERENT ☐ UNCONSCIOUS ☐ DEAD

APPENDIX F

MEDICAL EXAMINERS

COUNTY & STATE

DATE OF DEATH

PRESUMED OR TO BE A DRUG INVOLVED DEATH — CONFIRMED

(A) INFORMATION ON DECEASED

AGE

SEX — MALE — FEMALE

RACE — WHITE — BLACK — UNKNOWN — OTHER

EMPLOYMENT STATUS — STUDENT (ANY) — EMPLOYED — UNEMPLOYED — HOMEMAKER — RETIRED WORKER — UNKNOWN — OTHER

WAS DECEASED ENROLLED IN TREATMENT REHABILITATION PROGRAM — YES — NO — UNKNOWN

IF YES CHECK TYPE — METHADONE DETOXIFICATION — METHADONE MAINTENANCE — OTHER

CAUSE OF DEATH

MANNER OF DEATH (check one)

		ACCIDENTAL/ UNEXPECTED	SUICIDE	HOMICIDE	UNKNOWN
DRUG INDUCED (Overdose or Drug Reaction)	A *DIRECT - SINGLE DRUG CAUSE* (Overdose) (The single drug named in Box #1 below)	☐	☐	☐	☐
	B *DIRECT MULTIPLE DRUG CAUSE* (Cause not attributable specifically to any one drug but to drug overdose)	☐	☐	☐	☐
	C *IDIOSYNCRATIC - UNEXPECTED EFFECT ANAPHYLACTIC OR IMMUNE REACTION* (Drug Reaction)	☐	☐	☐	☐
DRUG RELATED (Contributory Factor)	D *COMBINATION WITH PHYSIOLOGICAL CONDITION*	☐	☐	☐	☐
	E *COMBINATION WITH EXTERNAL PHYSICAL EVENT*	☐	☐	☐	☐
	F *COMBINATION WITH MEDICAL DISORDER PROBABLY DRUG CAUSED*	☐			☐

CAUSE OF DEATH DETERMINATION SUPPORTED BY

(Check All that Apply)

- ☐ Toxicological Lab Report
- ☐ Autopsy
- ☐ Site Inspection
- ☐ External Physical Symptoms
- ☐ Statement of Family/Friends
- ☐ Other (specify) _____

PLEASE NOTE (To be answered only in the case of *ACCIDENTAL UNEXPECTED* manner of death)

When the manner of death was accidental/unexpected (unintentional) was the decedent's use of drugs motivated either by a desire for psychic effects or dependence upon the drug which induced or contributed to the death?

☐ YES ☐ NO ☐ UNKNOWN

(B) DRUG SUBSTANCE INFORMATION

LIST EACH SUBSTANCE NAME (CHEMICAL GENERIC, TRADE OR STREET NAME) IN ONE OF THE NUMBERED SPACES BELOW

1 _____ 2 _____ 3 _____

FOR EACH OF THE SUBSTANCES LISTED ABOVE CHECK APPROPRIATE ANSWERS IN EACH RESPONSE FIELD BELOW

FORM IN WHICH DRUG WAS FOUND	SUBSTANCE NUMBER 1	2	3
TAB CAP/PILL	☐	☐	☐
AEROSOL	☐	☐	☐
LIQUID (ORAL)	☐	☐	☐
POWDER	☐	☐	☐
PAPER	☐	☐	☐
INJECTABLE LIQUID	☐	☐	☐
CIGARETTE	☐	☐	☐
PLANT MATERIAL	☐	☐	☐
UNKNOWN	☐	☐	☐
OTHER SPECIFY_____	☐	☐	☐

ROUTE OF ADMINISTRATION	SUBSTANCE NUMBER 1	2	3
ORAL	☐	☐	☐
INJECTION (SPECIFY I V S C I M)	☐	☐	☐
INHALED (GAS VOLATILE LIQUID AEROSOL)	☐	☐	☐
SMOKED	☐	☐	☐
SNIFFED SNORTED (e g COCAINE)	☐	☐	☐
UNKNOWN	☐	☐	☐
OTHER SPECIFY. _____	☐	☐	☐

LABORATORY TEST METHOD ORDERED TO IDENTIFY DRUGS

TEST METHOD	SPECIMEN	FINDING (in mg % if available)

OTHER METHODS OF IDENTIFICATION (check all that apply)

	SUBSTANCE NUMBER 1	2	3
POLICE STATEMENT OF IDENTIFICATION	☐	☐	☐
DOCTOR'S STATEMENT OF IDENTIFICATION	☐	☐	☐
POSSESSION OF COMMERCIAL IDENTIFIABLE DOSAGE FORM	☐	☐	☐

(C) REMARKS

APPENDIX G

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A NAME OF DECEDENT—FIRST | 1B MIDDLE | 1C LAST | 2A DATE OF DEATH (MONTH DAY, YEAR) | 2B HOUR

3 SEX | 4 RACE | 5 ETHNICITY | 6 DATE OF BIRTH | 7 AGE (YEARS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES)

8 BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) | 9 NAME AND BIRTHPLACE OF FATHER | 10 BIRTH NAME AND BIRTHPLACE OF MOTHER

11 CITIZEN OF WHAT COUNTRY | 12 SOCIAL SECURITY NUMBER | 13. MARITAL STATUS | 14 NAME OF SURVIVING SPOUSE (IF WIFE ENTER BIRTH NAME)

15 PRIMARY OCCUPATION | 16 NUMBER OF YEARS THIS OCCUPATION | 17 EMPLOYER (IF SELF EMPLOYED SO STATE) | 18 KIND OF INDUSTRY OR BUSINESS

USUAL RESIDENCE

19A USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) | 19B | 19C CITY OR TOWN

19D COUNTY | 19E STATE | 20 NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

PLACE OF DEATH

21A PLACE OF DEATH | 21B COUNTY

21C STREET ADDRESS (STREET AND NUMBER OR LOCATION) | 21D CITY OR TOWN

CAUSE OF DEATH

22 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

(A)

DUE TO OR AS A CONSEQUENCE OF

(B)

DUE TO OR AS A CONSEQUENCE OF

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24 WAS DEATH REPORTED TO CORONER?

25 WAS BIOPSY PERFORMED?

26 WAS AUTOPSY PERFORMED?

23 OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH | 27 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23 TYPE OF OPERATION | DATE

PHYSICIAN'S CERTIFICATION

28A I CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED FROM THE CAUSES STATED | I ATTENDED DECEDENT SINCE (ENTER MO DA YR) | I LAST SAW DECEDENT ALIVE (ENTER MO DA YR) | 28B PHYSICIAN—SIGNATURE AND DEGREE OR TITLE | 28C DATE SIGNED | 28D PHYSICIAN'S LICENSE NUMBER

28E TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT SUICIDE ETC | 30 PLACE OF INJURY | 31 INJURY AT WORK | 32A DATE OF INJURY—MONTH DAY YEAR | 32B. HOUR

33 LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | 34 DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A I CERTIFY THAT DEATH OCURRED AT THE HOUR DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE HELD AN (INQUEST INVESTIGATION) | 35B CORONER—SIGNATURE AND DEGREE OR TITLE | 35C DATE SIGNED

36 DISPOSITION | 37 DATE—MONTH DAY YEAR | 38 NAME AND ADDRESS OF CEMETERY OR CREMATORY | 39 EMBALMER'S LICENSE NUMBER AND SIGNATURE

40 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | 41 LOCAL REGISTRAR—SIGNATURE | 42 DATE ACCEPTED BY LOCAL REGISTRAR

STATE REGISTRAR | A. | B | C. | D. | E. | F.

APPENDIX G

(SIDE 2)

PRIVACY NOTIFICATION

Civil Code Section 1798 9 et seq requires each state agency to provide notice to individuals completing this form. The information is being requested by.

DEPARTMENT OF HEALTH SERVICES, STATE REGISTRAR OF VITAL STATISTICS
410 N STREET, TELEPHONE (916) 445-2684

The information requested on this certificate is authorized and required by Divisions 7 and 9 of the Health and Safety Code, and related provisions within the Civil Code, Code of Civil Procedure, and Government Code.

The completion of all items requested on this form is mandatory, Health and Safety Code Section 10675 provides that, "Every person who refuses or fails to furnish correctly any information in his possession, or furnishes false information affecting any certificate or record, required by this division is guilty of a misdemeanor."

The principal purpose for this record is

1 To establish a permanent record that is legally recognized as prima facie evidence of the facts stated therein for each birth, death, and marriage occurring in the state of California

2 To provide individuals with certified copies from the records to serve their personal needs, such as obtaining admission to schools, securing passports, and applying for social security or death benefits

3 To provide information, to health authorities and other qualified persons with a valid education or scientific interest, for demographic and epidemiological studies for health and social purposes.

4 This information is also provided to the National Center for Health Statistics for compiling national statistical reports Death information is also provided to state and federal agencies for file clearance purposes

Your record shall be open for examination during regularly scheduled office hours, except when access is specifically prohibited by statute or regulations.

LEGAL REQUIREMENTS FOR FILING CERTIFICATE OF DEATH

Each death shall be registered with the local registrar of birth and death registration in the district in which the death was officially pronounced or the body was found, within five days after death and prior to any disposition of the human remains.

The medical and health section data and the time of death shall be completed and attested to by the physician last in attendance provided such physician is legally authorized to certify and attest to these facts, or by the coroner in those cases in which he is required to complete the medical and health section data and certify and attest to these facts

The medical and health section data and the physician's or coroner's certification shall be completed by the attending physician within 15 hours after the death, or by the coroner within three days after examination of the body.

59433 450 3 78 300M DUP G W OSP

APPENDIX G

AMENDMENT

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA-DEATH

STATE FILE DATE NUMBER (INSTRUCTIONS ON REVERSE) LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

IDENTIFICATION OF THE RECORD

1a. FIRST NAME | 1b. MIDDLE NAME | 1c. LAST NAME

2. PLACE OF OCCURRENCE – CITY OR COUNTY | 3. DATE OF EVENT | 4. DATE ORIGINAL FILED

ORIGINALLY REPORTED INFORMATION

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

22. DEATH WAS CAUSED BY IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

(A)

DUE TO OR AS A CONSEQUENCE OF

(B)

DUE TO OR AS A CONSEQUENCE OF

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER?

25. WAS BIOPSY PERFORMED?

26. WAS AUTOPSY PERFORMED?

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION DATE

29. SPECIFY ACCIDENT SUICIDE ETC | 30. PLACE OF INJURY | 31. INJURY AT WORK | 32A. DATE OF INJURY—MONTH DAY YEAR | 32B. HOUR

33. LOCATION STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

22. DEATH WAS CAUSED BY IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

(A)

DUE TO OR AS A CONSEQUENCE OF

(B)

DUE TO OR AS A CONSEQUENCE OF

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER?

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27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? OPERATION DATE

29. SPECIFY ACCIDENT SUICIDE ETC | 30. PLACE OF INJURY | 31. INJURY AT WORK | 32A. DATE OF INJURY—MONTH DAY YEAR | 32B. HOUR

33. LOCATION STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

5. I THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

6a. SIGNATURE OF PHYSICIAN OR CORONER | 6b. DATE SIGNED

7a. NAME OF PHYSICIAN OR CORONER (PRINT OR TYPE) | 7b. DEGREE OR TITLE

7c. ADDRESS – STREET CITY STATE

REGISTRAR'S OFFICE

8a. SIGNATURE OF STATE OR LOCAL REGISTRAR | 8b. DATE ACCEPTED

STATE OF CALIFORNIA DEPARTMENT OF HEALTH OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS FORM VS 24B (REV 1.1.78)

APPENDIX H

DEPARTMENT OF SUBSTANCE ABUSE

DRUG INFORMATION AND INDICATOR SYSTEM

CLIENT ACTIVITY REPORT

DIVISION OF DRUG PROGRAMS

IDENTIFICATION

CARD 1

	DATE OF ADMISSION (MONTH DAY YEAR)	3 8
2	PRIMARY COUNSELOR NUMBER	9 10
3	CLINIC IDENTIFIER	11 18
4	REPORT MONTH (MONTH YEAR)	19 22
5	TREATMENT STATUS (1 = ACTIVE DISCHARGE CLIENT, 2 = FOLLOW UP CLIENT)	23
6	CLIENT NUMBER	30 34

ADMISSION DATA

7	CENSUS TRACT	35 39
8	ZIP CODE (Last Three Digits	40 42
9	CODAP ELIGIBLE? 1 = YES 2 = NO	43
10	PRIMARY PRESENTING PROBLEM See reverse side for codes	44 45
11	SECOND PRESENTING PROBLEM See reverse side for codes	46 47
12	THIRD PRES. ..TING PROBLEM See reverse side for codes	48 49

SPECIAL RESEARCH

13	PRIMARY INCOME SOURCE See reverse side for codes	50 51
14	SECOND INCOME SOURCE See reverse side for codes	52 53
15	AVERAGE MONTHLY INCOME See reverse side for codes	54
	COST OF DRUG USE PER DAY See reverse side for codes	55
17	NUMBER OF PROPERTY ARRESTS (i.e Burglary Theft $200+)	56
18	NUMBER OF PERSON ARRESTS (i.e Robbery Assault Rape)	57
19	NUMBER OF DRUG ARRESTS (Felony and Misdemeanor)	58
20	NUMBER OF OTHER ARRESTS	59

DISCHARGE DATA

21	DATE OF DISCHARGE (MONTH DAY YEAR)	60-65
22	DISCHARGE REFERRAL See reverse side for codes	66-67
23	PRIMARY PROBLEM SCORE	68
24	SECOND PROBLEM SCORE	69
25	THIRD PROBLEM SCORE	70

ITEM 23 PRIMARY PROBLEM SCORE CODES
ITEM 24 SECOND PROBLEM SCORE CODES
ITEM 25 THIRD PROBLEM SCORE CODES

1	2	3	4	5
NO CHANGE	LITTLE CHANGE	SOME CHANGE	CONSIDERABLE CHANGE	RESOLVED

SERVICES PROVIDED

26	NUMBER OF EMPLOYMENT REFERRALS	71 72
27	NUMBER OF EMPLOYMENT PLACEMENTS	73
28	NUMBER OF EMPLOYMENT TRNG REFER	74
29	NUMBER OF EMPLOYMENT TRNG PLCMTS	75
30	NUMBER OF EDUCATIONAL REFERRALS	76
31	NUMBER OF EDUCATIONAL PLACEMENTS	77
32	TIME IN EMPLOYMENT Since admission to treatment	78
33	TIME IN EMPLOYMENT TRAINING Since admission to treatment	79
34	TIME IN EDUCATION Since admission to treatment	80

ITEM 32 TIME IN EMPLOYMENT CODES
ITEM 33 TIME IN EMPLOYMENT TRAINING CODES
ITEM 34 TIME IN EDUCATION CODES

1 Less Than One Week
2 1 Week to 1 Month
3 1 to 3 Months
4 3 to 6 Months
5 6 to 12 Months
6 Over 1 Year

CARD 2

35	NUMBER OF NO SHOWS	3
36	NUMBER OF CANCELLATIONS	4

INTAKE/SCREENING

37	NUMBER OF SESSIONS	5	38	HOURS MINS	6 9

INDIVIDUAL COUNSELING

39	NUMBER OF SESSIONS	19 20	40	HOURS MINS	21 24

GROUP COUNSELING

41	NUMBER OF SESSIONS	35-36	42	HOURS MINS	37 40

FAMILY COUNSELING

43	NUMBER OF SESSIONS	41 42	44	HOURS MINS	43 46

VOC/REHAB

45	NUMBER OF SESSIONS	47 48	46	HOURS MINS	49 52

CRISIS COUNSELING / INTERVENTION

47	NUMBER OF SESSIONS	53 54	48	HOURS MINS	55 58

ANCILLARY SERVICE

49	NUMBER OF SESSIONS	59 60	50	HOURS MINS	61 64

ACTIVITY

51	NUMBER OF SESSIONS	65-66	52	HOURS MINS	67 70

REFERRAL

53	NUMBER OF SESSIONS	71 72	54	HOURS MINS	73 76

METHADONE AND RESIDENTIAL (COMPLETE ONLY APPLICABLE ITEMS)

CARD 3

99 | DOSE | TESTS | 3 4 5 6 7 8 9 19 20 21 22 23 24 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 | 80

DSA / DDP

CONFIDENTIAL CLIENT INFORMATION
SEE CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTION 5328

APPENDIX H

(SIDE 2)

CLIENT ACTIVITY REPORT CODES

Listed below are the Codes required for the completion of items on the front of this Client Activity Report. This aid is NOT designed to replace the comprehensive definitions and instructions contained in the Client Activity Report Instruction Manual and Handbook.

ITEM 10. PRIMARY PRESENTING PROBLEM
ITEM 11. SECOND PRESENTING PROBLEM
ITEM 12. THIRD PRESENTING PROBLEM

01 Drug Addiction (i.e., heroin, opiates, etc.)
02 Drug Use/Abuse
03 Alcohol Use/Abuse
04 Physical Health/Medical
05 Interpersonal / Family / Marital
06 Relationships (friends, peers, etc.)
07 Intrapersonal Relationships (developmental / emotional, i.e., depression, anxiety, suicidal, growth, identity)
08 Sexuality (bisexual, gay, etc.)
09 Social Functioning
10 Vocational / Educational
11 Employment
12 Economic / Financial
13 Law Enforcement / Criminal Justice / Legal
14 Environmental / Situational (housing)
15 Other

ITEM 13. PRIMARY INCOME SOURCE
ITEM 14. SECOND INCOME SOURCE

CLIENT'S INCOME ONLY

01 Employment
02 Unemployment Insurance
03 VA Benefits
04 Savings
05 AFDC
06 Aid to Disabled (ATD)
07 Social Security (SSI, SSA, etc.)
08 General Assistance or Relief
09 Parents, Relatives or Friends
10 Illegal
11 No Income Source
12 Unknown

ITEM 15. AVERAGE MONTHLY INCOME (of client)

1 Under $50
2 $50 to $200
3 $201 to $500
4 $501 to $1,000
5 $1,001 to $1,500
6 Over $1,500
7 Unknown

ITEM 16. COST OF DRUG USE PER DAY

Only for those drugs used "once daily" or more often; on CODAP Admission Report

1 $0 to $15
2 $16 to $30
3 $31 to $45
4 $46 to $60
5 $61 to $75
6 $76 to $90
7 Over $90
8 Unknown

ITEM 22. DISCHARGE REFERRAL

01 Self, "on his/her own"
02 General Hospital
03 Mental Hospital
04 Community Mental Health Center
05 Social or Community Services Agency
06 Private Physician
07 Another Drug Program
08 Family or Relative
09 Friend
10 Employer
11 School
14 TASC
15 State/County Probation
16 State/County Parole
17 Federal Probation
18 Federal Parole
19 Police
Other

METHADONE AND RESIDENTIAL (COMPLETE ONLY APPLICABLE ITEMS)

VOCATION (5)

1 = Skilled manual labor
2 = Unskilled manual labor
3 = Professional/Tech
4 = Clerical/Secretarial
5 = Owner of business
6 = Domestic worker
7 = Salesperson
8 = Homemaker*
9 = Student/Voc Train

* HOMEMAKER is defined as a person who lives with someone upon whose income he/she is dependent

VETERAN (6)

1 = Yes
2 = No

DRUG PREFERENCE (8)

1 = Heroin
2 = Other opiates
3 = Methadone
4 = Hallucinogens
5 = Barbiturates
6 = Amphetamines
7 = Alcohol
8 = Cocaine
9 = Marijuana

TA/APU (9)

1 = Traditional addict
2 = Addicted polydrug user

TAKE-HOME STEP LEVEL (22)

1 = Step 1 3 = Step 3
2 = Step 2 4 = Step 4

CONTINUOUS TREATMENT (48)

1 = 0-3 months
2 = 3-12 months
3 = 12-24 months
4 = 24 or more

CONTINUOUS TREAT. EOQ (49)

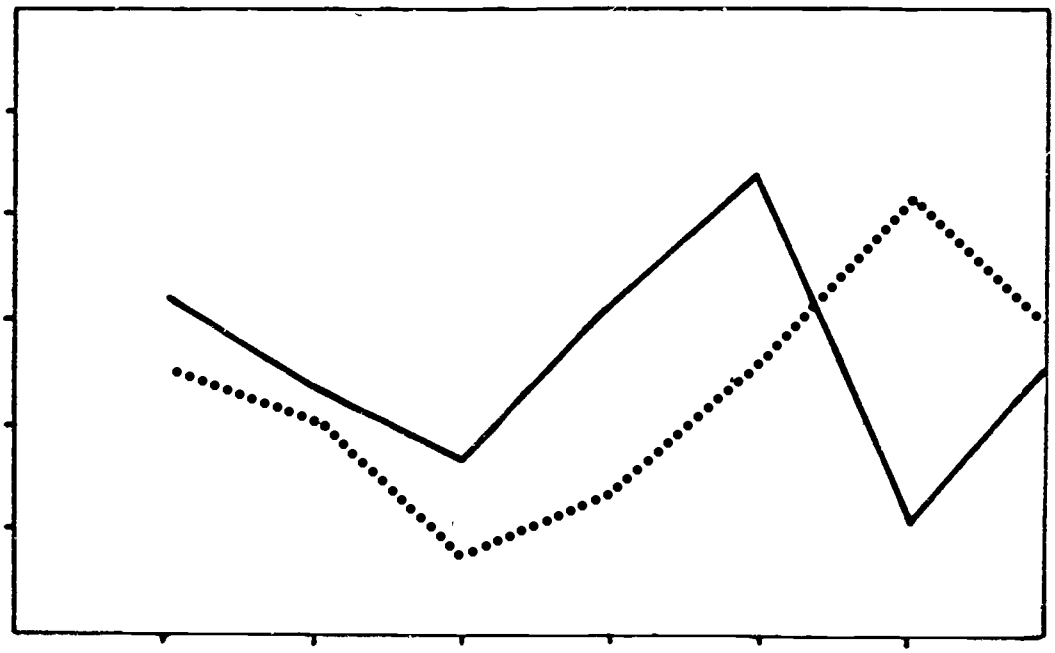
Projected time in treatment end of quarter. Use same codes as column 48

DAYS ABSENT FROM CASELOAD (46-47)

Record only those days absent as a result of being:
- Terminated during month
- Admitted during month
- Hospitalized
- Incarcerated
- Temporarily transferred

APPENDIX I

Annual Report on Heroin and other Drug use San Diego County



Department of Substance Abuse
Division of Drug Programs
June 1978

APPENDIX I

SUMMARY

The most salient feature affecting the countywide drug abuse problem has been the declining purity and availability of street-level heroin. This general trend has resulted in a greater demand for treatment (demonstrated by the increasing readmission rate), fewer heroin-related deaths and emergency room episodes. But, there has been a marked increase in the number of deaths associated with barbiturate, sedative, and tranquilizer abuse. This suggests that heroin users may be turning to substitute drugs.

MAJOR DRUGS OF ABUSE

o Heroin, marijuana- drug abuse treatment programs reported heroin and marijuana to be the major drugs of abuse during 1976 and 1977 with high levels of treatment admissions.

  Hospital emergency rooms reported heroin to be the second drug of abuse countywide during the first half of 1977 (second only to diazepam).

  The Coroner's Office reported a 37.6 percent decline in total heroin-related deaths.

  Law enforcement agencies reported significant increases in marijuana and dangerous drug violation arrests and decreased heroin-related arrests.

o PCP (phencyclidine)- hospital emergency rooms reported increased mentions of PCP. During the first half of 1977 there were 24 mentions of PCP compared with 31 mentions during calendar year 1976.

o Diazepam (Valium)- diazepam was the most often mentioned drug in hospital emergency rooms during the first half of 1977.

  The Coroner's Office reported that deaths associated with barbiturate, sedative, and tranquilizer (including diazepam) abuse, increased 27.1 percent during calendar year 1977 as compared to the same period in 1976.

APPENDIX J

County of San Diego Drug Arrest Profile

DEPARTMENT OF SUBSTANCE ABUSE
2870 Fourth Avenue
San Diego, CA 92103
STAFF CONTACT:

ENFORCEMENT AGENCY (Name): _____

LAW ENFORCEMENT CONTACT: _____
(Person filling out form)

Instructions: If the following information is available please indicate the number of arrests for any drug law violation for the calendar year or year-to-date. Then indicate the category of drug which the arrest was made: (A) Heroin, (B) Marijuana/Hashish, (C) Cocaine, and (D) Dangerous Drugs. Finally indicate the age, sex, and ethnic background of the arrestee. If no demographic information is know, please indicate the total number of arrests only in the first column.

YEAR	TOTAL ARRESTS	DRUG	< 12	12-17	18-25	26+	M	F	White	Black	Mex/Amer	Amer/Ind	Asian	Other

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